County: Green Lake Facility ID: 7650 Page 1

MARKESAN RESIDENT HOME

1130 NORTH MARGARET, BOX 130

MARKESAN 53946 Phone: (920) 398-2751 Ownership: Nonprofit Church-Related

Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 72 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 72 Average Daily Census: 70

Number of Residents on 12/31/00: 71

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care	No	Primary Diagnosis	%	Age Groups		Less Than 1 Year	42. 3
Supp. Home Care-Personal Care	No	1				1 - 4 Years	50. 7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0. 0	More Than 4 Years	7. 0
Day Services	No	Mental Illness (Org./Psy)	23. 9	65 - 74	5. 6		
Respite Care	Yes	Mental Illness (Other)	8. 5	75 - 84	28. 2		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	54. 9	*****************	*******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.4	95 & 0ver	11. 3	Full-Time Equivaler	it
Congregate Meals	Yes	Cancer	1.4			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	5.6		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	19. 7	65 & 0ver	100. 0		
Transportation	No	Cerebrovascul ar	7. 0			RNs	9. 5
Referral Service	Yes	Diabetes	5.6	Sex	%	LPNs	6. 6
Other Services	Yes	Respi ratory	4. 2			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	22. 5	Male	29. 6	Aides & Orderlies	43. 5
Mentally Ill	No			Female	70. 4		
Provide Day Programming for			100.0				
Developmentally Disabled	No	I			100. 0		

Method of Reimbursement

		Medi	care		Medio	cai d											
		(Title	e 18) (Title 19)		e 19)	Other I			P	Private Pay			Managed Care			Percent	
			Per Die	em		Per Die	m		Per Die	em		Per Dien	1]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	8	100 0	\$303. 06	2	5. 3	\$123. 04	0	0. 0	\$0.00	1	4 0	\$146. 25	0	0. 0	\$0.00	11	15. 5%
Skilled Care	0			31	81.6	\$105.93	0	0. 0	\$0.00	6		\$136. 25	0	0. 0	\$0. 00 \$0. 00	37	52. 1%
Intermediate				5	13. 2	\$88. 83	0	0.0	\$0.00	18	72. 0	\$136. 25	0	0. 0	\$0.00	23	32.4%
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depende	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	8	100.0		38	100. 0		0	0. 0		25	100.0		0	0.0		71	100.0%

MARKESAN RESIDENT HOME

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condi t	ions, Services, a	and Activities as of 12/	31/00
Deaths During Reporting Period							
				9	% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	8.6	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	2.9	Bathi ng	0. 0		88. 7	11. 3	71
Other Nursing Homes	5. 7	Dressi ng	8. 5		85. 9	5. 6	71
Acute Care Hospitals	72.9	Transferri ng	18. 3		67. 6	14. 1	71
Psych. HospMR/DD Facilities	0.0	Toilet Use	15. 5		74. 6	9. 9	71
Rehabilitation Hospitals	0.0	Eating	63. 4		31.0	5. 6	71
Other Locations	10. 0	**************	******	*****	**********	********	*******
Total Number of Admissions	70	Continence		%	Special Treatme	ents	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	5.6	Receiving Res	spi ratory Care	16. 9
Private Home/No Home Health	10.0	0cc/Freq. Incontiner	nt of Bladder	67. 6	Receiving Tra	acheostomy Care	0. 0
Private Home/With Home Health	14. 3	0cc/Freq. Incontiner	nt of Bowel	38. 0	Recei vi ng Suc	cti oni ng	0. 0
Other Nursing Homes	0.0				Receiving Ost	comy Care	2. 8
Acute Care Hospitals	8. 6	Mobility			Recei vi ng Tul	oe Feedi ng	1.4
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	2.8	Receiving Med	chanically Altered Diets	40. 8
Rehabilitation Hospitals	0.0						
Other Locations	14. 3	Skin Care			Other Resident	Characteri sti cs	
Deaths	52.9	With Pressure Sores		14. 1	Have Advance	Directives	88. 7
Total Number of Discharges		With Rashes		8. 5	Medi cati ons		
(Including Deaths)	70				Receiving Psy	choactive Drugs	54. 9
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	Ownership: This Nonprofit Facility Peer Group		Bed	Size:	Li c	ensure:			
			profit	50-	- 99	Ski l	lled	Al l	
			Peer	Group	Peer	Group	Facilities		
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97. 2	88. 0	1. 10	85. 4	1. 14	84. 1	1. 16	84. 5	1. 15
Current Residents from In-County	50. 7	79. 3	0.64	72. 9	0. 70	76. 2	0.67	77. 5	0.65
Admissions from In-County, Still Residing	18. 6	24. 2	0.77	21.3	0.87	22. 2	0.84	21.5	0.86
Admissions/Average Daily Census	100. 0	102. 4	0. 98	101.3	0. 99	112. 3	0.89	124. 3	0.80
Discharges/Average Daily Census	100. 0	99. 2	1. 01	101.3	0. 99	112. 8	0.89	126. 1	0. 79
Discharges To Private Residence/Average Daily Census	24. 3	33. 8	0.72	37. 6	0. 65	44. 1	0. 55	49. 9	0.49
Residents Receiving Skilled Care	67. 6	88. 7	0. 76	89. 6	0. 75	89. 6	0.75	83. 3	0.81
Residents Aged 65 and Older	100	96. 0	1.04	93. 4	1.07	94. 3	1.06	87. 7	1.14
Title 19 (Medicaid) Funded Residents	53. 5	68. 6	0. 78	69. 0	0. 78	70. 1	0. 76	69. 0	0. 78
Private Pay Funded Residents	35. 2	26. 2	1. 35	23. 2	1. 52	21. 4	1.65	22.6	1. 56
Developmentally Disabled Residents	0. 0	0. 6	0.00	0. 9	0.00	0. 9	0. 00	7. 6	0.00
Mentally Ill Residents	32. 4	38. 6	0.84	41.5	0. 78	39. 6	0. 82	33. 3	0. 97
General Medical Service Residents	22. 5	16. 4	1. 38	15. 4	1. 47	17. 0	1. 33	18. 4	1. 22
Impaired ADL (Mean)	44. 5	46. 9	0. 95	47.7	0. 93	48. 2	0. 92	49. 4	0.90
Psychological Problems	54. 9	53. 4	1.03	51.3	1.07	50.8	1.08	50. 1	1. 10
Nursing Care Required (Mean)	10. 6	6. 5	1.63	6. 9	1. 53	6. 7	1. 57	7. 2	1.48